

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <b>10/018732</b>	FILING DATE					
CLAIMS							APPLICANT(S)						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	19		4			
TOTAL DEP.							TOTAL DEP.	60		3			
TOTAL CLAIMS							TOTAL CLAIMS	79		7			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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